U.S. Department of Justice
United States Marshals Service

Document To Line See Instructions for "Service of Process by the U.S. Non the reverse of this form.

See Instructions for "Service of Process by the U.S. Marshal"

PLAINTIFF	COURT CASE NUMBER
United States of America	07-200-CG-B
DEFENDANT	TYPE OF PROCESS
Michael Levar Hopkins	Final Judgment of Forfeitur
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR I	
Perry County Probate Office/ Perry County Co	rthouse
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 300 Washington Street, Marion, AL 36756	CATS ID: 07-DEA-495498
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be
	served with this Form - 285
Eugene A. Seidel Acting U.S. Attorney 63 S. Royal Street Ste. 600 Mobile, AL 36602	Number of parties to be served in this case
	Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING STELEPHONE Numbers, and Estimated Times Available For Service):	SERVICE (Include Business and Alternate Addresses, All
Real Property further described in Paragraph 7 of the Finantached (Doc. 68), is forfeited to the United States of according to law. Phone: (334) 683-2210	al Judgment of Forfeiture 語 America for disposition 祭
Signature of Attorney or other Originator requesting driver on behalf of: George F. May, AUSA DEFENDANT DEFENDANT	TELEPHONE NUMBER DATE 251-441-5845 6/8/2009
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO	
I acknowledge receipt for the total number of process indicated. Signature of Authorize to Serve Signature of Authorize to Serve	ed VSMS Deputy or Clerk Date
than one USM 285 is submitted) O_1 No. O_3 No. O_3	6/9/09
I hereby certify and return that I \square have personally served, \square have legal evidence of service, \square have execon the individual, company, corporation, etc., at the address shown above or on the individual, company, \square	cuted as short in "Remarks", the process described corporation, etc., shown at the address inserted below.
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc.,	named above (See remarks below)
Name and title of individual served (if not shown above)	A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service Time 7/27/09 pm Signature of U.S. Marshal or Deputy mount owed to U.S. Marshal or Amount Refund
	mount owed to U.S. Marshal or Amount of Refund

ELDORA B. ANDERSON JUDGE OF PROBATE PERRY

UNITED STATES MARSHALL SERVICE

Instrument Number Clerk MISCELLANEOUS Miscellaneous	1770 Smunden
Page Number Page Number Date Filed Time Filed Number of Pages	1 483 07/27/2009 10:51:40 AM 5
Pages Clocking Special Fee 1 Total Check 1 (CK8103-00071666) Total	15.00 1.00 10.00 26.00 26.00

07-DEA-495498